



Due to changes to the code of James City County, open burning of debris waste shall be conducted in a pit or trench by a special incineration device. All open burning of debris waste shall be 2000 feet from occupied dwellings and commercial buildings located within the Primary Service Area and 1000 feet from occupied dwellings and commercial buildings outside the Primary Service Area, unless written permission of the occupant is given.

Check One	<input type="checkbox"/> DEBRIS WASTE \$50.00 Permit Fee	<input type="checkbox"/> AGRICULTURAL/FOREST MANAGEMENT PRACTICES \$50.00 Permit Fee	<input type="checkbox"/> BONFIRES \$25.00 Permit Fee
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4. BURNING LOCATION: _____

5. FOR DEBRIS WASTE ONLY, ANSWER YES OR NO: WITHIN PSA _____
6. NUMBER OF ACRES TO BE CLEARED: _____ (N/A IF A BONFIRE)
7. DISTANCE OF BURNING FROM NEAREST: BUILDING _____, OCCUPIED DWELLING _____,
COMMERCIAL BUILDING (debris waste only) _____, AIR FIELD _____, HIGHWAY _____.
8. ATTACH SITE/VICINITY MAP WITH PROPOSED BURN SITE(S) MARKED. IDENTIFY DISTANCES ON MAP TO CLOSEST BUILDINGS IN RELATION TO BURN PILES/AREAS. DISTANCES SHOWN ARE TO BE ACCURATE.
9. PURPOSE OF BURN: _____

10. MATERIAL TO BE BURNED (DESCRIBE IN DETAIL): _____

11. LIST METHOD, PROCEDURES AND/OR EQUIPMENT TO BE USED TO CONTROL FIRES(S) AND/OR REDUCE VISIBLE EMISSIONS (LIST NUMBER AND TYPE OF EQUIPMENT TO BE PRESENT): _____

12. IF REQUIRED TO BURN IN A PIT OR TRENCH, COMPLETE AND ATTACH "SPECIAL INCINERATION DEVICE PERMIT" APPLICATION.

13. PERSON(S) RESPONSIBLE FOR CONDUCT OF BURNING:

NAME: _____ TELEPHONE: _____

ADDRESS: _____

NAME: _____ TELEPHONE: _____

ADDRESS: _____

15. ARE THERE ANY ACTIVE OPEN BURNING PERMITS HELD BY THE APPLICANT? YES OR NO

16. IF YES, IDENTIFY BY JOB SITE OR PERMIT NUMBER: _____

I CERTIFY THAT THE INFORMATION INCLUDED IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT ALL OPEN BURNING MUST BE CONDUCTED IN ACCORDANCE WITH THE CONDITIONS SPECIFIED IN THE PERMIT APPROVAL AND COMMENT SECTION BELOW I HAVE ALSO RECEIVED AND UNDERSTAND THE INFORMATION PROVIDED BY THE JAMES CITY COUNTY FIRE DEPARTMENT REGARDING APPLICABLE LAWS REGULATIONS AND PROCEDURES.

SIGNATURE OF APPLICANT: _____ DATE: _____
(or designated company official)

TITLE: _____ TELEPHONE: _____
(note: faxed signatures will not be accepted)

~~~ For Fire Department Use Only ~~~

APPLICATION DATE: \_\_\_\_\_ SITE INSPECTION DATE: \_\_\_\_\_ PERMIT #: OB- \_\_\_\_\_

PERMIT FEE RECEIVED: \$25.00 – BONFIRE, \$50.00 – DEBRIS & A/FM WASTE, \$CHECK/RECEIPT #: \_\_\_\_\_

NUMBER OF PILES/PITS TO BE BURNING AT ONE TIME: 1 2 3 4 [ ] \_\_\_\_\_

DESIGNATED PILE/PIT SIZE: 20' x 20' x 15' 15' x 15' x 10' 10' x 10' x 10' 5' x 5' x 5'

MINIMUM DISTANCE BETWEEN PILES/PITS: 50' 100' [ ] \_\_\_\_\_ N/A

MINIMUM DISTANCE FROM BUILDINGS: 500' 1000' [ ] \_\_\_\_\_ N/A

CONFIRMED: NOT WITHIN PSA, WITHIN PSA

PERMIT EXPIRATION DATE: \_\_\_\_\_

SPECIAL INCINERATION DEVICE REQUIRED: \_\_\_\_\_

WRITTEN PERMISSION OF OCCUPANTS REQUIRED: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FIRE MARSHAL SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_